TABLE 3.—SUMMARY: CLINICAL SITUATIONS AND RECOMMENDATIONS FOR USE OF ANTIRETROVIRAL DRUGS TO REDUCE PERINATAL HIV TRANSMISSION—Continued

Clinical scenario	Recommendation*
	If the woman's status is such that therapy would be considered optional, the use of additional antiretrovirals may be offered, although whether this will provide additional benefit to the woman or her child is not known.
	Women who are in the first trimester of pregnancy may wish to consider delaying initiation of therapy at least until after 10 to 12 weeks gestation.
Scenario #2: HIV-infected women receiving antiretroviral therapy during the current pregnancy.	HIV–1 infected women receiving antiretroviral therapy in whom pregnancy is identified after the first trimester should continue therapy.
	For women receiving antiretroviral therapy in whom pregnancy is recognized during the first trimester, the woman should be counseled regarding the benefits and potential risks of antiretroviral administration during this period, and continuation of therapy should be considered.
	If therapy is discontinued during the first trimester, all drugs should be stopped and reintroduced simultaneously to avoid the development of resistance.
	If the current therapeutic regimen does not contain ZDV, the addition of ZDV or substitution of ZDV for another nucleoside analogue antiretroviral is recommended after 14 weeks gestation. Intrapartum and newborn ZDV administration is recommended regardless of the antepartum antiretroviral regimen.
Scenario #3: HIV-infected women in labor who have had no prior therapy.	Administration of intrapartum intravenous ZDV should be recommended along with the 6-week newborn ZDV regimen.
	In the immediate postpartum period, the woman should have appropriate assessments (e.g., CD4 count, HIV–1 RNA copy number) to determine if antiretroviral therapy is recommended for her own health.
Scenario #4: Infants born to mothers who have received no antiretroviral therapy during pregnancy or intrapartum.	The 6 week neonatal ZDV component of the ZDV chemoprophylactic regimen should be discussed with the mother and offered for the newborn.
	ZDV should be initiated as soon as possible after birth, preferably within 12–24 hours after birth.
	Some clinicians may choose to use ZDV in combination with other antiretroviral drugs, particularly if the mother has known or suspected ZDV-resistant virus. However, the efficacy of this approach is unknown and appropriate dosing regimen for neonates are incompletely defined.
	In the immediate postpartum period, the woman should undergo appropriate assessments (e.g., CD4 count, HIV–1 RNA copy number) to determine if antiretroviral therapy is required for her own health.

*General note: Discussion of treatment options and recommendations should be noncoercive, and the final decision regarding the use of antiretroviral drugs is the responsibility of the woman. A decision to not accept treatment with ZDV or other drugs should not result in punitive action or denial of care, nor should use of ZDV be denied to a woman who wishes to minimize exposure of the fetus to other antiretroviral drugs and therefore chooses to receive only ZDV during pregnancy to reduce the risk of perinatal transmission.

[FR Doc. 97–17854 Filed 7–8–97; 8:45 am]
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Advisory Commission on Consumer Protection and Quality in the Health Care Industry; Public Meeting

In accordance with Section 10(a)(2) of the Federal Advisory Committee Act, Pub. L. 92–463, notice is hereby given of the meeting of the Advisory Commission on Consumer Protection and Quality in the Health Care Industry. This two-day meeting will be open to the public, limited only by the space available.

Place of meeting: The Sheraton Burlington Hotel & Conference Center; 870 Williston Road; South Burlington, VT 05403. Exact locations of the sessions will be announced in the hotel lobby.

Times and Dates: The public meeting will span two days. On Monday, July 21, 1997, the subcommittee break-out sessions will take place from 8 a.m. until 12 p.m. In the afternoon, the full Commission will convene at 12:45 p.m. and the meeting will continue until 5 p.m. On Tuesday, July 22, the Commission will reconvene at 8:30 a.m. with adjournment at 1 p.m.

Purpose/Agenda: To hear testimony and continue formal proceedings of the Commission's four (4) subcommittees. Agenda items are subject to change as priorities dictate.

Contact Person: For more information, including substantive program information and summaries of the meeting, please contact: Edward (Chip) Malin, Hubert Humphrey Building, Room 118F, 200 Independence Avenue, SW., Washington, DC 20201; (202/205–3333)

Dated: July 1, 1997.

Janet Corrigan,

Executive Director, Advisory Commission on Consumer Protection & Quality in the Health Care Industry.

[FR Doc. 97–17814 Filed 7–8–97; 8:45 am]
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Statement of Organization, Functions, and Delegations of Authority; Program Support Center

Part P (Program Support Center) of the Statement of Organization, Functions, and Delegations of Authority for the Department of Health and Human Services (60 FR 51480, October 2, 1995 as amended most recently at 62 FR 25955, May 12, 1997) is amended to reflect changes in Chapters PB and PF within Part P, Program Support Center, Department of Health and Human Services (HHS). The Systems Networking Division is being transferred from the Information Technology Service to the Human Resources Service because the nature of the Division's work will continue to be closely tied to the personnel systems of the Human Resources Service.

Program Support Center

Under *Part P, Section P–20, Functions,* change the following:

Under *Chapter PF, Information Technology Service (PF),* delete the title and functional statement for the *Systems Networking Division (PFF)* in its entirety.

Under *Chapter PB, Human Resources Service (PB),* after the statement for the *Personnel and Pay Systems Division (PBG),* add the following title and functional statement:

Systems Networking Division (PBH)

(1) Designs, obtains, installs, and maintains automatic data processing systems, including hardware, software, and data communications required to support the IMPACT system and the office automation activities of the HRS; (2) provides automated data processing and distributed configuration management services for human resource computer systems located in the regional offices and the OPDIV personnel offices; (3) provides the personnel offices with technical expertise in such areas as data communications, data center hardware and related equipment, data center operating systems, general purpose software, and data center management; (4) schedules, operates and maintains the production processes in the departmental personnel/payroll systems; and (5) produces and distributes output products including computer files, printed reports and electronic transmissions for both internal, departmental and external customer use.

Dated: June 30, 1997.

Lynnda M. Regan,

Director, Program Support Center.

[FR Doc. 97–17894 Filed 7–8–97; 8:45 am]

BILLING CODE 4160–17–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement Number 793]

Cooperative Agreement for the Development of New Diagnostic Methods and a Research Program To Determine the Incidence of Emerging Human Spongiform Encephalopathies

Introduction

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 1997 funds to provide assistance through a cooperative agreement for developing new diagnostic methods and a research program to determine the incidence of emerging human spongiform encephalopathies.

CDC is committed to achieving the health promotion and disease prevention objectives of Healthy People 2000, a national activity to reduce morbidity and mortality and improve the quality of life. This announcement is related to the priority area of Immunization and Infectious Diseases. (For ordering a copy of Healthy People 2000, see the section Where to Obtain Additional Information.)

Authority

This program is authorized under sections 301 and 317 (42 U.S.C. 241 and 247b), of the Public Health Service Act, as amended.

Smoke-Free Workplace

CDC encourages all grant recipients to provide a smoke-free workplace and to promote the nonuse of all tobacco products, and Pub. L. 103–227, the Pro-Children Act of 1994, prohibits smoking in certain facilities that receive Federal funds in which education, library, day care, health care, and early childhood development services are provided to children.

Eligible Applicants

Applications may be submitted by public and private non-profit organizations and governments and their agencies. Thus, universities, colleges, research institutions, hospitals, other public and private non-profit organizations are eligible to apply.

Applicant staff must have certification to practice neuropathology (a medical field focusing on examination and study of brain tissues) in the United States or certification to practice pathology (or neurology) in the United States and show, in their curriculum vitae, the extent of their experience in neuropathology.

Note: Effective January 1, 1996, Public Law 104–65 states that an organization described in section 501(c)(4) of the Internal Revenue Code of 1986 which engages in lobbying activities will not be eligible for the receipt of Federal funds constituting an award, grant, cooperative agreement, contract, loan, or any other form.

Availability of Funds

Approximately $65,000 is available in FY 1997 to fund one award. It is expected that the award will begin on or about September 20, 1997, and will be made for a 12-month budget period within a project period of up to 5 years. Funding estimates may vary and are subject to change. Continuation awards within an approved project period will be made on the basis of satisfactory progress and availability of funds.

Use of Funds

Restrictions on Lobbying

Applicants should be aware of restrictions on the use of Department of Health and Human Services (HHS) funds for lobbying of Federal or State legislative bodies. Under the provisions of 31 U.S.C. Section 1352 (which has been in effect since December 23, 1989), recipients (and their subtier contractors) are prohibited from using appropriated Federal funds (other than profits from a Federal contract) for lobbying Congress or any Federal agency in connection with the award of a particular contract, grant, cooperative agreement or loan. This includes grants/cooperative agreements that, in whole or in part, involve conferences for which Federal funds cannot be used directly or indirectly to encourage participants to lobby or to instruct participants on how to lobby.

In addition, the FY 1997 Departments of Labor, HHS, and Education, and Related Agencies Appropriations Act, which became effective October 1, 1996, expressly prohibits the use of 1997 appropriated funds for indirect or ''grass roots'' lobbying efforts that are designed to support or defeat legislation pending before State legislatures. Section 503 of this new law, as enacted by the Omnibus Consolidated Appropriations Act, 1997, Division A, title I, Section 101(e), Pub. L. No. 104–208 (September 30, 1996), provides as follows:

Sec. 503(a) No part of any appropriation contained in this Act shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, radio, television, or video presentation designed to support or defeat legislation pending before the Congress, * * * except in presentation to the Congress or any State legislative body itself.

Sec. 503(b) No part of any appropriation contained in this Act shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence legislation or appropriations pending before the Congress or any State legislature.

Background

In 1986, a newly recognized cattle disease, bovine spongiform